

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 1/11/01 |
| FORMALITY REVIEW | Zm | 927 | 01/29/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 - Restricted - O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| 148 | | | |
| 149 | | | |
| 150 | | | |

If more than 150 claims or 10 actions
staple additional sheet here

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